

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

801

Lobbyist's Registration Number

FOR OFFICE USE ONLY

Postmark Date: 1/23/03

Pen  
V# 6, 19990  
4110 W

1022030

## Instructions

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME BEL, PATRICK W.  
Last First MI

2. BUSINESS PHONE: 504-533-7545  
Area Code and Phone Number

3. BUSINESS ADDRESS P. O. Box 61540 New Orleans Louisiana 70161  
Street and No. City State Zip

MAILING ADDRESS P. O. Box 61540 New Orleans Louisiana 70161  
Street and No. City State Zip

4. EMPLOYER Hibernia National Bank

5. EMPLOYER'S ADDRESS P. O. Box 61540 New Orleans Louisiana 70161  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Hibernia Corporation and Affiliates

Address P. O. Box 61540 New Orleans Louisiana 70161

Business or purpose Financial Institution

Does this person pay you? Yes

If No, who pays you? \_\_\_\_\_

STATE OF LOUISIANA  
COMMISSION ON ETHICS  
OFFICE OF THE CLERK  
Baton Rouge, Louisiana  
70801-1001

# LOBBYING REGISTRATION FORM

601

Lobbyist's Registration Number

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

### CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [I.S.A.-R.S. 24:50 et seq.] has been deliberately omitted.

  
\_\_\_\_\_  
Signature of Lobbyist

ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE  
FOR  
INITIAL  
REGISTRATION  
ONLY